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THOMSON REUTER CURITIES AND EXCHANGE COMMESTIGNATION

UNITED STATES Washington, D.C. 20549

708

OMB APPROVAL OMB Number: 3235-0076 Expires: July 31.2008 Estimated average burden hours per response.....16.00

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FORM D

Weshington, DC

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY								
Prefix		Serial						
DA	DATE RECEIVED							
		1 .						

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Bellbrook Labs, LLC Filing Under (Check box(es) that apply):	limit out	TOTAL EMITTED OF EMILO EMEN.	
Filing Under (Check box(es) that apply):	Name of Offering (check if this is an am	nendment and name has changed, and indicate change.)	12.00
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Bellbrook Labs, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 5500 Nobel Drive, Suite 250, Madison, WI 53711 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business High throughput screening solutions for drug discovery and related technologies. Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Limited Liability Company Month Year Actual or Estimated Date of Incorporation or Organization: O15 O12 Actual Estimated	Bellbrook Labs, LLC		
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Bellbrook Labs, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 5500 Nobel Drive, Suite 250, Madison, WI 53711 (608) 443-2400 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Gif different from Executive Offices) Brief Description of Business High throughput screening solutions for drug discovery and related technologies. Type of Business Organization limited partnership, already formed other (please specify):	Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506 Section 4(6	ULOE
I. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Bellbrook Labs, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) (608) 443-2400 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (608) 443-2400 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (1 different from Executive Offices) Brief Description of Business High throughput screening solutions for drug discovery and related technologies. Type of Business Organization limited partnership, already formed other (please specify): limited partnership, to be formed Limited Liability Company Month Year Actual or Estimated	Type of Filing: New Filing Amen	dment	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Bellbrook Labs, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) (608) 443-2400 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (608) 443-2400 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (Including Area Code) (If different from Executive Offices) Brief Description of Business High throughput screening solutions for drug discovery and related technologies. Type of Business Organization or Organization Indicate change.) Month Year Actual or Estimated Date of Incorporation or Organization:		A. BASIC IDENTIFICATION DATA	
Bellbrook Labs, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 5500 Nobel Drive, Suite 250, Madison, WI 53711 (608) 443-2400 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business High throughput screening solutions for drug discovery and related technologies. Type of Business Organization or Organization limited partnership, already formed business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: O15 O12 Actual Estimated	I. Enter the information requested about the	issuer	
Address of Executive Offices (Number and Street, City, State, Zip Code) (608) 443-2400 Address of Principal Business Operations (Including Area Code) (1 different from Executive Offices) Brief Description of Business High throughput screening solutions for drug discovery and related technologies. Type of Business Organization limited partnership, already formed other (please specify): Limited Lability Company Month Year Actual or Estimated Date of Incorporation or Organization: O15 O12 Actual Estimated	Name of Issuer (check if this is an amend	dment and name has changed, and indicate change.)	
5500 Nobel Drive, Suite 250, Madison, WI 53711 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Brief Description of Business High throughput screening solutions for drug discovery and related technologies. Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed Limited Liability Company Month Year Actual or Estimated Date of Incorporation or Organization: [015] [012] Actual [Estimated]	Belibrook Labs, LLC		00008903
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Brief Description of Business High throughput screening solutions for drug discovery and related technologies. Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed Limited Liability Company Month Year Actual or Estimated Date of Incorporation or Organization: [Including Area Code) Telephone Number (Including Area Code) Telephone Number (Including Area Code) Telephone Number (Including Area Code)	Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Brief Description of Business High throughput screening solutions for drug discovery and related technologies. Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed Limited Liability Company Month Year Actual or Estimated Date of Incorporation or Organization:	5500 Nobel Drive, Suite 250, Madison, V	VI 53711	(608) 443-2400
High throughput screening solutions for drug discovery and related technologies. Type of Business Organization	•	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Type of Business Organization corporation	Brief Description of Business		
corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Limited Liability Company Month Year	High throughput screening solutions for	drug discovery and related technologies.	
business trust limited partnership, to be formed Limited Liability Company Month Year Actual or Estimated Date of Incorporation or Organization: 015 012 Actual Estimated	Type of Business Organization		
Month Year Actual or Estimated Date of Incorporation or Organization: 015 012 Actual Estimated	corporation	limited partnership, already formed 🗾 other ((please specify):
Actual or Estimated Date of Incorporation or Organization: 015 012 Actual Estimated	business trust	limited partnership, to be formed Limited Lia	bility Company
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Junisdiction of incorporation of Organization: (Enter two-letter 0.5, Postal Service appreviation for State.	•		
CN for Canada; FN for other foreign jurisdiction)	Juniscience of incorporation of Organization:	•	

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Coptes Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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2. Enter the information r	equested for the fol	llowing:				
·		suer has been organized w				
 Each beneficial ov 	vner having the pow	er to vote or dispose, or dis	ect the vote or disposition	of, 10% or more of	a class of equity securities	of the issuer.
 Each executive of 	ficer and director o	f corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and	
 Each general and 	managing partner o	of partnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)		 			
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)	· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)				······································	
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)			, ···		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		, <u>, , , , , , , , , , , , , , , , , , </u>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)	, <u>, , , , , , , , , , , , , , , , , , </u>		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Business or Residence Adda	ess (Number and	Street, City, State, Zip Co	ode)		, n	
	(Use bla	ink sheet, or copy and use	additional copies of this s	heet, as necessary	·)	

					(in	FORMAT	OV/EQÚ	ró, cón	(G)				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No 		
	Answer also in Appendix, Column 2, if filing under ULOE.										_	_	
2.	What is	the minim	um investm	ent that w	ill be acce	pted from a	my individ	ual?	***************************************	·····		\$	
3.	Does th	e offering	permit joint	ownershi	p of a sing	le unit?	*****************		***************			Yes	No □
4.	Enter th	e informat	ion request	ed for eac	h person w	ho has bee	n or will b	e paid or	given, dire	ctly or ind	irectly, any	-	_
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			me of the b							ciated pers	ons of such		
Ful			first, if indi										
D		Dasidasaa	Address (N		1 Street C	ter Canan 7	in Code)						
Bu	siness or	Kesidence	Address (N	umber and	i Street, Ci	ity, State, Z	.ip Code)						
Naı	ne of As:	sociated Br	oker or Dea	ıler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)			*************	***************			☐ All	l States
	AL	ĀK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
	IL COM	[N]	IA (SVI)	KS	KY	LA	ME	MD	MA	MI	MN	MS OR	MO PA
	MT RI	NE SC	NV SD	NH TN	[NJ] [TX]	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	WY	PR
Ful	l Name (l ast name	first, if indi	vidual)				·					
_		Dust manie	insi, ii moi	*10001)									
Bus	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Nai	ne of Ass	sociated Br	oker or Dea	nler	·						-		
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			-			
	(Check	"All States	" or check	individual	States)	•••••			************	•••••		□ AI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID (
	IL MT	IN NE	IA NV	KS) NH)	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	i Name (i	Last name	first, if indi	vidual)					·				
Rus	iness or	Residence	Address (N	Jumber an	d Street C	ity State '	Zin Code)						
	1111033 01	Residence	ridatess (1	TOTALION WA	u once, c	ity, Diato, i	sip code,						
Naı	ne of Ass	sociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	••••••	*************	1	****		·····	□ AI	l States
	ĀL	[AK]	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	NE	IA NV	KS) NH)	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VĀ	WA	WV	WI	WY	PR

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero:" If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt\$ Common Preferred Convertible Securities (including warrants)......\$ Partnership Interests\$_ 1,644,072.00 Other (Specify Limited Liability Company Units \$ 2,500,000.00 c 1,644,072.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases s 1,644,072.00 Accredited Investors 21 \$ 0.00 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question I. Dollar Amount Type of Type of Offering Security Sold N/A \$ 0.00 Rule 505 \$ 0.00 Regulation A \$ 0.00 N/A Rule 504 \$ 0.00 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 0.00 Transfer Agent's Fees \$ 0.00 Printing and Engraving Costs..... 9,000.00 Legal Fees 0.00 Accounting Fees \$ 0.00 Engineering Fees \$ 0.00 Sales Commissions (specify finders' fees separately)...... Other Expenses (identify) filing fees 2,000.00 7

c ordinate in the control of investigation of the control of the c

Total

11,000.00

	Constitutional Committee	BREGING AND SERVICE OF	(O(G)):Ds)	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."			\$
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[\$ 0.00	\$_1,030,000.00
	Purchase of real estate		s_0.00	s 0.00
	Purchase, rental or leasing and installation of made and equipment	chinery	s 0.00	s_0.00
	Construction or leasing of plant buildings and fac			s 0.00
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	ets or securities of another	s_0.00	<u>s_0.00</u>
	Repayment of indebtedness	[s 0.00	\$ 0.00
	Working capital			\$_1,459,000.00
	Other (specify):	[\$ 0.00	s
] \$ _	. 🗆 \$
	Column Totals		s_0.00	s 2,489,000.00
	Total Payments Listed (column totals added)			,489,000.00
(Z)		D'IMMUNAFRICHNAIMS		
sig	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	undersigned duly authorized person. If this notice mish to the U.S. Securities and Exchange Commis-	sion, upon writte	
Iss	er (Print or Type)	Signature)atc //22	10
Be	ibrook Labs, LLC		1/22	108
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Joh	n Majer	Chief Operating Officer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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1.	Is any party described in 17 CFR 230.262 provisions of such rule?		Yes	No								
	Se	e Appendix, Column 5, for state response.										
2.	•	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.										
3.	The undersigned issuer hereby undertakes issuer to offerees.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.										
4.	limited Offering Exemption (ULOE) of the	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.										
	er has read this notification and knows the cor thorized person.	ntents to be true and has duly caused this notice to	o be signed on its behalt	f by the	undersigned							
Issuer (Print or Type)	Signature	Date 7/2	,								
Bellbroo	ok Labs, LLC		1/22/0	18								
Name (Print or Type)	Pitle (Print or Type)										
John M	lajer	Chief Operating Officer										

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					Prodes				
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Limited Liability Company Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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AK									
AZ									
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MN									
MS									

				, AVA	DAIDEA .				
1	Intend to non-a investor	2 If to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Limited Liability Company Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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MT						·			
NE									
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RI						-			
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wı		×	2,500,000	20	\$1,544,072.	0	\$0.00		

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	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)				under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Limited Liability Company Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

